



NOTICE OF INTENT (NOI)

APDES GENERAL PERMIT AKG380000

Wastewater Discharges from Drinking Water Treatment Facilities

Please submit this NOI to:

ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Wastewater Discharge Authorization Program
555 Cordova Street
Anchorage, Alaska 99501

DEC.Water.WQPermit@alaska.gov

Submittal of this document constitutes notice that the party identified in Section 3 intends to be covered by Alaska Pollutant Discharge Elimination System General Permit AKG380000 authorizing discharge into waters of the United States from drinking water treatment facilities and obligates the permittee to comply with the terms and conditions of the permit. Please provide all information below. Attach supplemental information sheets as appropriate.

SECTION 1 – PERMIT INFORMATION

Previous Permit or Authorization No. (if applicable):

Please describe the coverage requested.

New Use: New facilities or wastewater discharges that have not previously been authorized under AKG380000
(complete all Sections except 8)

Reissuance: A wastewater discharge that was previously authorized under AKG380000
(complete all Sections except 7)

SECTION 2 – FACILITY INFORMATION

Facility Name:	Phone:			
Street/location:	FAX:			
City (nearest city if not in a city):	State: Alaska	Zip:		
Email address:				
Type of Facility:	Conventional/Direct	Membrane	Ion Exchange	Other:
Raw Water Source:	Surface Water	Groundwater		

Discharge flow in gallons per day:

average daily:

maximum daily:

Do you discharge fewer than 12 months per year?

Yes*

No

January

April

July

October

February

May

August

November

March

June

September

December

*If yes, indicate the months that you typically discharge. Include partial months.

SECTION 3 – RESPONSIBLE PARTY INFORMATION

(Owner/Operator or Person responsible for overall management of the project and discharge)

First Name:

Last Name:

Phone:

Title:

Mailing Address:

FAX:

City:

State:

Zip:

E-mail Address:

SECTION 4 – OPERATOR OR ON-SITE CONTACT INFORMATION

Check if same as Responsible Party

First Name:

Last Name:

Phone:

Title:

Mailing Address:

FAX:

City:

State: Alaska

Zip:

E-mail Address:

SECTION 5 – BILLING INFORMATION

Check if same as Responsible Party

First Name:

Last Name:

Phone:

Mailing Address:

FAX:

City:

State:

Zip:

E-mail Address:

SECTION 6 – RECEIVING WATER INFORMATION

Name of Receiving Waterbody or Area:

Receiving area type (e.g. wetlands, lake, ocean):

Fresh

Marine

Latitude / Longitude of Discharge Point(s) in **either** *decimal degrees* **or** in *degrees: minutes: seconds*. For mobile facilities, indicate the *initial* discharge location.

Latitude:

Longitude:

Mobile Facility

Determined by:

GPS

Map

Internet

Do you wish to request a mixing zone?

Yes *

No

* If yes, Form 2M must also be submitted with the NOI. Form 2M can be found at:

<http://dec.alaska.gov/water/wastewater/permit-entry/industrial-or-nondomestic>

Check if included

SECTION 7 – ADDITIONAL INFORMATION TO INCLUDE

Maps-A site map showing the location of all facilities associated with the drinking water treatment facility including the outfall line. Also include a topographic, aerial, or satellite photo showing the general location of the facility, discharge area, and expected flow direction of the discharge.

Check if included

Description of Drinking Water Treatment Process- Provide:(a) the raw water treatment requirements (e.g., iron/manganese removal, pathogen removal etc); (b) the water treatment processes employed by the facility (e.g., coagulation, oxidation, pH adjustment, etc); (c) all known substances (removed substances, chemical additives, chemical reaction products) that may potentially be found in the wastewater (e.g., silt, chlorine, arsenic, etc.); (d) the wastewater treatment process; (e) schematic flow diagram of the water and wastewater treatment processes; (f) if available, provide the past years' worth of monitoring data.

Check if included

Ion Exchange Systems- Provide quantities, composition, and frequency of regeneration of the resin regeneration solutions and disposal of the non-domestic wastewater produced during the regeneration process.

Check if included

Systems Using Membrane Filters- Provide details of the chemicals used for storage of the membranes and plans for disposing of the membrane maintenance and cleaning solutions, especially plans for disposal of the filter storage solution.

Check if included

Material Safety Data Sheets (MSDS)- Provide MSDS for all chemicals used for the drinking treatment process, the quantities of chemicals used in the treatment process, and the specific treatment use of the chemicals.

Check if included

SECTION 8 – FOR DISCHARGES PREVIOUSLY AUTHORIZED UNDER AKG380000

Have treatment methods or location of the outfall(s) as indicated in previous applications, been altered in any way since the last application was submitted?

Yes if "Yes", explain: No

Has the quantity or quality of wastewater discharged, as indicated in previous applications significantly changed in any way since the last application was submitted?

Yes if "Yes", explain: No

Permit Section 1.4.3 requires an evaluation of effluent and receiving waterbody data, as applicable, collected over the term of the previous authorization to determine the need for a mixing zone, or if the currently authorized mixing zone is properly sized for all parameters. Do you wish to request either a new mixing zone or a modification to an existing mixing zone?

Yes No

If yes, Form 2M must be submitted with the NOI. Form 2M may be found at:

<http://dec.alaska.gov/water/wastewater/permit-entry/industrial-or-nondomestic>

Check if included

SECTION 9 – CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

PLEASE NOTE THAT AN INCOMPLETE NOI OR MISSING ATTACHMENTS WILL DELAY PROCESSING. DEC MAY REQUEST ADDITIONAL INFORMATION RELATED TO THIS NOI TO DISCHARGE UNDER AKG380000.

Signature _____

Title

Printed Name _____

Date _____